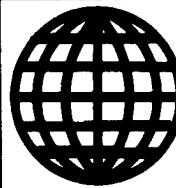


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15 JUNE 1990



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JPRS Report

Epidemiology

AIDS

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Epidemiology

AIDS

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15 June 1990

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CAMEROON

155 Registered AIDS Patients

AB2305084490 Yaounde Domestic Service in English
1800 GMT 22 May 90

[Text] The minister of public health, Prof. Joseph Mbede has revealed here in Yaounde that Cameroon has a total 155 cases of registered AIDS patients. This represents a 100 percent increase over the 1988 figures. Minister Mbede made the revelation while opening a fund raising meeting to support the fight against the Acquired Immune Deficiency Syndrome, AIDS.

Bilateral and multilateral donors helping the Cameroon Government in the fight include the World Health Organization, the European Economic Community, the Aid and Cooperation Fund, and the United States Agency for International Development.

CENTRAL AFRICAN REPUBLIC

Efforts to Combat AIDS Proving Futile

90WE0182A Paris L'EXPRESS in French
27 Apr 90 pp 47-48

[Article by special correspondent Annie Kouchner: "AIDS, Plague of the Poor"]

[Text] It is a vile beast, half-vampire, half bird of prey, drawn in heavy black strokes except for its hooked beak, from which a few red drops of blood fall. The patients waiting in the ochre dust hardly dare lift their eyes to the terrifying poster tacked onto the door of the medical center. It says: "AIDS kills." Here in Sibut, a large Central African village of 4,000 households 100 km from the capital Bangui, the illness has just claimed a "matron," or bush midwife, and a polygamous policeman with 40 children. AIDS is in the rusted metal beds, in the emaciated bodies slowly wasting away. It is also called "bloody diarrhea" and "pneumopathy." Naming it would require the Elisa and Western blot diagnostic tests. They are unavailable. "Everything depends on donations," admits a disillusioned Pierre Doutifei, a health technician who officiates at medical consultations. And what good is diagnosis when doctors cannot treat—for lack of antibiotics, antiparasite therapies, or simple disposable syringes? There are no more bandaids, and surgical gloves are reused until they are in tatters. In Sibut as in Bangui, in the Central African Republic as everywhere in black Africa, people are dying of malaria, tuberculosis, diarrhea, and sleeping sickness. The life expectancy here does not exceed 45 years. And now AIDS....

For a long time political authorities of the Central African Republic denied the existence of the disease. It was a matter of pride. But the time for soul-searching is past. The situation must be faced squarely. The extent of the damage must be assessed, to start with. The chief architect of this task is the Bangui Pasteur Institute. In

its lush green setting opposite the capital's university hospital, it is an oasis of technology in the African barrenness. The jewel in its crown: the P3-P4 high-security laboratory where scientists encased in boots, head coverings, and gloves handle the dangerous retroviruses. Under the authority of its director Dr Alain Georges, an affable blond giant with an iron hand, the Pasteur Institute, which is dedicated to vaccination programs (an AIDS vaccine is being worked on here), is also conducting epidemiological studies backed by the Central African Government's "AIDS project," ubiquitous French aid, and WHO. The report, blunt and unindulgent, comes with a warning: "Despite their willingness to be strict, some control centers did not always keep accurate accounts." The conclusion: Figures are underestimated.

Yet the tally is already onerous: In Bangui (400,000 inhabitants) the number of AIDS patients has tripled in 3 years; 1.4 people per 1,000 is afflicted. In the recovery room and two pilot medical wards of the hospital, 20 percent of the bedridden patients are suffering from AIDS. The illness strikes men in their prime, between the ages of 30 and 39. They are often the country's management corps. Relative affluence allows them to keep a third or fourth "office" (official mistress), or they are polygamous. Both are practices which encourage spread of the virus.

Women are hit at a younger age: starting at 20. They are women down on their luck, "unattached girls" free to sell their bodies for a pack of cigarettes or a basin of manioc. In Africa, AIDS strikes them as often as men. The reason is the impressive frequency of sexually transmitted diseases (STD), superb breeding grounds for AIDS. Genital ulcers are treatable—in rich countries. "But here patients resort to self-medication and their infections become resistant," acknowledges Dr Gerard Gresenquet. The hospital can no longer distribute free of charge antibiotics for treating blennorrhagia. Patients fend for themselves. They get hold of tetracycline tablets from street vendors—unit by unit. Result: 30 percent of women with STDs are infected by the HIV virus.

The seropositivity rate is hair-raising. Officially, 7.3 percent of hospitalized patients "of all kinds" in Bangui are seropositive. Eight percent of pregnant women are infected and the number of newborns infected tends to match the number of mothers. Among the city's young malnourished children (they are legion), 12.2 percent are seropositive; 10.8 percent of tiny tuberculosis patients are also. "Overall, the seropositivity rate is between 8 and 12 percent," says Dr Georges. And the virus is not confined to the city: It is moving out into the bush. Only the Peul peoples now seem spared. But the tables could turn: The Pygmies were thought to be safe and the first case of AIDS has just appeared among them too.

True, infection with AIDS, which was skyrocketing, seems, as in Europe, to be on hold. According to one hypothesis, this is because the "high-risk" groups are saturated. But unless the Central African Republic wants

to see its population decimated (only 2.7 million inhabitants on 620,000 square km), it is vital that the spread of the virus be halted. With its AIDS project, the Health Ministry is working on just that: radio spots hammering home the message, posters, group information sessions in the "neighborhoods," and prevention in the schools. No French student is as well-informed as the children of Bangui. A teachers' guide suggests the disease be brought up as soon as children learn to read, using, as a starting point, a key sentence: "AIDS kills." Health lessons warn against dirty objects such as needles, knives, and razor blades. Well-informed children have invented a new game: AIDS-tag, I touch you, you fall. Dead.

A million condoms were distributed free of charge. They can still be found in pharmacies, but at prohibitive prices: from 150 to 200 CFA francs apiece (the base salary is 20,000 CFA francs a month). And yet here, condoms are the only remedy against AIDS. For once the disease has set in, it is futile to hope for treatment. Patients wait to die in hospitals with, occasionally, an IV to rehydrate them stuck in their arm. Pathetic. In all of Bangui, only one patient has an inhaler allowing treatment of pneumocystosis, a widespread illness in AIDS cases. The number of AIDS patients receiving AZT can be counted on one hand. The future is horrific: "Supposing that the treatment for AIDS is discovered one day, it would cost 3 cents for Africans to get it," cautions Dr Georges. Pessimistic, but realistic.

With AIDS as with all other illnesses, poverty is an insurmountable handicap. Take malaria. We know how to cure it, but that does not stop it from wreaking havoc: here as in most other tropical countries, it is still the foremost cause of death. For lack of adequate quinine supplies, 100 percent of the population suffer from chronic malaria. It has proved impossible, too, to check tuberculosis. There are no antibiotics. And when there are any, they are too expensive. So naturally the illness spreads—over 1 percent of the population is already affected. "We are going to equal the infection rate of East Africa: 5 to 6 percent of the population with tuberculosis. And 33 percent of them will develop AIDS," indignantly exclaims Dr Sarda, foreign aid doctor working with the Office of Large-Scale Endemic Diseases. Sleeping sickness—fatal if not treated—is making a comeback, again, for lack of resources. One thousand five hundred people are already affected; 120,000 potential patients live in areas menaced by the tsetse fly, responsible for the illness. Controlling leprosy depends on the generosity of nongovernmental organizations. Doctors are also awaiting from the Carter Center in the United States medications to cure "river blindness." Appeals are made to pharmaceutical laboratories for the iodine needed for the many cases of goiter....

The inappropriateness of supplies adds to this enormous misery. Take, for instance, the story of disposable syringes. A large number of them were shipped to the Central African Republic. But refill supplies did not follow. These single-use syringes were therefore

employed several times, after brief plunges in near-boiling water (the plastic deteriorates). Consequently, all risk of contamination is not being avoided. It would be better to supply good-old glass syringes, which can be boiled and reboiled. More serious is the failure of brand new care centers such as the Chinese hospital, luxurious but empty, for lack of equipment. The hospital funded by the European Community, built by Bouygues, operates at very low capacity and has a deficit of 100 million francs.

Vaccination drives are the only glimmer of hope here. UNICEF's goal is to vaccinate 80 percent of children in 1990. This has been a failure in many countries, but a success in Bangui at least. The DTWP (diphtheria-tetanus-whooping cough-polio), measles, yellow fever, and BCG [Bacillus Calmette-Guerin—TB vaccine] were widely administered. Effects are already being felt in Bangui: The measles wing (large numbers of children were dying of the illness) at the pediatric hospital was closed and new cases of poliomyelitis are very rare. But the situation is more precarious in rural areas where the vaccination rate falls to 25 percent, despite the efforts of charitable associations.

France's foreign aid program, the biggest moneylender in the Central African Republic, has had a policy of training hospital management personnel. The first trial run is the new pediatric center, built with aid funds at the request of Danielle Mitterand. Consultations must be paid, but medications are free. The French would also like to move away from practicing medicine to leave room for the country's practitioners, and shift their focus to prevention and teaching. It will take time to assess the effectiveness of this treatment. For now, the patient is doing poorly.

ETHIOPIA

355 AIDS Cases, 88 Deaths

54000064 Addis Ababa *THE ETHIOPIAN HERALD*
in English 19 Apr 90 pp 1, 3

[Excerpt] The AIDS control and prevention department of the Ministry of Health disclosed yesterday that 355 people have so far contracted the AIDS virus in Ethiopia, 88 of whom are known to have died.

The figure is based on statistics compiled in the various hospitals across the country, according to which 247 of the infected people were men and 108 women. The list also includes six children below the age of four years, indicating that the scourge of AIDS affects all age and social groups.

Comrade Dr Hailu Negasa, head of the main clinical section of the AIDS control and prevention department, said 206 of the people known to have contracted the AIDS virus were in Addis Ababa. He said that 212 of the reported cases are still alive while nothing is known of 55 victims.

Comrade Dr Hailu reported that there has been a growing trend in the spread of AIDS in Ethiopia, with the number of known victims rising from 2 in 1986 to 17 in 1987, 85 in 1988, 188 in 1989 and 63 during the last three months alone.

Although the killer disease is suspected to have reached the country as early as 1983-84, the first known case was detected only in 1986. The virus has now spread to all major towns and cities, according to Comrade Dr Mengistu Meherci, head of the surveillance and research main office in the AIDS control and coordination bureau.

He pointed out that according to a survey conducted in 24 urban centres in 1988, the AIDS virus had spread to an average 17 percent of the areas covered. The highest rate of incidence was reported to be 40 percent and the lowest 5 percent.

Comrade Dr Mengistu said 1,100 of the 6,500 people tested carried the AIDS virus, which spread rapidly the following year. A study conducted in 40 *kebeles* in Addis Ababa meanwhile revealed that the disease had affected an average of 24 percent of residents, with the highest rate of incidence being 50 percent. The spread of the virus is known to be particularly high in localities where there is considerable traffic circulation.

Past experience has demonstrated that AIDS affects equally both men and women and extreme care should be taken in indulging in sexual practices on the part of both sexes, Comrade Dr Mengistu said. He pointed out that limiting sexual contacts between single couples is the surest guarantee against contracting the virus, with the use of condoms being the next best alternative.

Arrangements are reported to have been made to make condoms easily available to the public and at reasonable cost. [passage omitted]

GHANA

1,200 AIDS Cases Reported

AB1006095090 London BBC World Service in English
1709 GMT 6 Jun 90

[Excerpt] The World Health Organization recently received a report that there are 1,200 cases of full-blown AIDS in Ghana. Seventy-five percent of the victims are from Eastern Region and have been diagnosed in Catholic mission hospitals. It seems that prostitutes are among the principal victims. [passage omitted]

MAURITIUS

New Program To Intensify AIDS Education Begins
90WE0181A Port Louis *LE MAURICIEN* in French
14 Apr 90 pp 1, 12

[Article by Dharmanand Dhooharika]

[Text] The national office of the AIDS Program announced during a press conference yesterday that 14

seropositive cases, 5 of them full-blown cases of AIDS, had been detected by the Candoms Virology Laboratory. Of the 14 cases, 7 are Mauritians. Three of the 5 AIDS patients, moreover, have died.

According to the bulletin put out by the Health Ministry, four Mauritians have contracted AIDS abroad, in countries with high rates of the disease.

Flanked by World Health Organization representative, Sir Djamil Fareed, the permanent secretary, Mr Ranjit Goordyal, and Dr Chan Kam, coordinator of the National AIDS Committee, the minister of health yesterday stressed the need to further educate the Mauritian people about AIDS problems.

According to the latest WHO figures, as of 1 January, 1990, the cumulative total of AIDS cases officially reported by 152 countries to WHO's World AIDS Program was 203,599. The world program estimates that the real cumulative total of AIDS cases to date is over 600,000, or three times the number of officially reported cases.

The minister of health, Mr Jugdish Goburdhun, said yesterday that the government's primary objective was to strictly monitor high-risk groups. Medical authorities are thus collaborating closely with other ministries and fields to raise the people's awareness of this serious problem.

In this context, the AIDS program office has already launched a pilot project in seven secondary schools in collaboration with the Ministry of Education, UNESCO, and WHO.

A delegation made up of doctors, virologists, and UNICEF representatives will leave for Rodrigues next May.

An AIDS seminar will be organized by the AIDS Unit and WHO at the University of Mauritius from 5 to 8 June. Some 60 participants, including doctors, nurses, reporters, religious heads, members of Parliament, and other scientists, will take part.

The ministry of health plans to present a video in Creole, pamphlets on sexually transmitted diseases, a comic strip, and brochures by young people and women.

The AIDS program office also holds work sessions with representatives from a dozen sugar factories as part of its preventive program.

New AIDS Victim Heightens Concern

90WE0203A Port Louis *THE SUN* in French
4 May 90 p 1

[Article: "A New Case of AIDS Seropositivity Detected in Port Louis"; first paragraph is *THE SUN* introduction; passages within slantlines published in English]

[Text] A new case of AIDS seropositivity was reported last week by medical authorities. The victim is a 30-year-old /handyman/ living in the capital.

The Ministry of Health informs us that the /handyman/, who has never traveled abroad, shared a syringe four years ago with a friend who [now] lives in Australia. The /handyman/ is married and the father of two children, ages five and one. The spouse of the Port Louis resident does not yet know that her husband is seropositive. Officers of the Ministry of Health are in fact trying to find a way to break the bad news to the /handyman's/ wife.

Medical authorities very much doubt that the woman in question is also infected. However, they do not want to traumatize her by abruptly announcing the news. It is only after she has been informed that Ministry of Health officers will administer the necessary treatment. The couple's children may also be medically examined. Given the delicate nature of the task, the doctors want to approach the matter cautiously.

The Health Ministry is currently concerned about the harmful effect AIDS could have on society. That is why the ministry has launched a sweeping educational drive aimed at students and high-risk individuals and society in general. In addition, the Ministry of Health is offering continuous health care to already infected individuals.

Mauritius has had 13 seropositive cases to date, two of which were /full-blown cases/. However, the two /full-blown/ cases as well as two other seropositive individuals have already died. Mauritius does not have a /full-blown case/ for now.

MOZAMBIQUE

Cabo Delgado Reports 12 AIDS Cases

MB0606092190 Maputo Domestic Service in Portuguese
0500 GMT 6 Jun 90

[Text] Our Pemba correspondent reports that 12 AIDS cases have been diagnosed in Cabo Delgado Province. This was disclosed at a recent session of Cabo Delgado's Provincial Assembly held in Pemba city.

Official statistics say 96 AIDS cases have been reported in Mozambique.

SENEGAL

France Grants 60 Million Francs for AIDS

90WE0200B Dakar LE SOLEIL in French
14-16 Apr 90 p 4

[Article by Pape Sedikh Mbodje: "Fight Against AIDS: French Grant of 60 Million CFA Francs"]

[Text] On 13 April the program for the fight against AIDS received a grant of 60 million CFA [African

Financial Community] francs from the French Aid and Cooperation Fund [FAC]. The agreement providing the aid was signed by Assane Diop, Senegalese minister of health and social action, and Francois Chappellet, chief of the French Cooperation and Cultural Action Mission. This contribution is in addition to the assistance already provided under the French aid program since 1986. This assistance has made it possible to equip the blood banks in Dakar (at Principal Hospital and the National Blood Transfusion Center), Ziguinchor and Saint Louis with equipment for the serological identification of AIDS.

This new grant will be used in particular to equip the blood bank in the Tambacounda Hospital and to install at the National Blood Transfusion Center in Dakar data processing equipment to make it possible to set up a central file of blood donors. The implementation of the project will be handled by Dr. Bernard Brethes who, since September 1989, has been coordinator of the program for the struggle against AIDS.

The minister of health and social action emphasized that this agreement will help our country to carry out its medium-term struggle against AIDS, including a significant reduction in the transmission of the AIDS virus through blood transfusions and setting up a data base to make it possible for health professionals to have access to basic documentation on AIDS. In the name of the chief of state, Minister of Health and Social Action Assane Diop thanked France for the continuing assistance that it is providing to Senegal.

Francois Chappellet, the chief of the French Cooperation and Cultural Action Mission, commented that during the past three years France has spent more than 2.5 billion CFA [African Financial Community] francs in Africa on the struggle against AIDS. He also stated that, since 1987, nearly 30 laboratories for identifying the AIDS virus have been established in Africa. Furthermore, intensive programs for the training of personnel in this field have been conducted in blood transfusion centers to reduce the risks of contracting the disease through transfusions. Chappellet said that, in terms of Senegal, French assistance has continued to respond to the appeal made in 1986 by President Abdou Diouf. Since 1986 France has participated actively in the ongoing war against AIDS.

307 Reported AIDS Cases; 115 Deaths

90WE0200A Dakar LE SOLEIL in French
5 Apr 90 p 13

[Article by Cheikh F. Keita: "The Medicine of Fidelity"]

[Text] The national tour of the Djamra, a nongovernmental organization, in the framework of a series of lectures and meetings based on sensitizing the public regarding the fight against AIDS has just ended in the Ziguinchor area.

This campaign, carried on in cooperation with the National Committee for the Struggle Against AIDS,

reached its high point in the conference hall of the Ziguinchor Chamber of Commerce which, it should be emphasized, turned out to be too small to hold the large crowd that came to attend the lecture early in the afternoon of 4 April.

The theme of the lecture was, "AIDS and Islam." The subject was covered jointly by Abdoul Latif Gueye, president of Djamra; El Hadj Mactar Drame, an Islamic scholar; El Hadj Ousmane Mboup, vice president of Djamra; and Dr. Ibra Ndoye, coordinator of the National Committee for the Struggle Against AIDS.

This rather broad theme was debated for five hours by both the lecturers and those attending the meeting. Throughout the discussion those attending the lecture pointed an accusing finger at adultery as the source primarily responsible for this illness of the century. However, according to the lecturers, AIDS was not imported into Africa from somewhere else but rather was a divine curse to punish unbelievers. In the course of the lecture different evils of society were denounced, including homosexuality, adultery, infidelity, and prostitution.

In any case, the danger of AIDS is there to see and quite visible in Senegal with 307 declared cases and 115 people dead. Discovered in Senegal in 1986, AIDS is continuing its inexorable march across the country. The border areas such as the Ziguinchor region, are the most exposed. And one immediately thinks of tourists and other travellers in that connection.

In the view of the lecturers, it is necessary to recognize now that the struggle against AIDS is a long-distance race and not a sprint against time. One of the lecturers said: "Even if we find a vaccine and a course of treatment in the next five years, we who live in the developing countries should consider AIDS as a high priority health problem for at least the next 20 years."

In mentioning the matter of protective devices in the fight against AIDS, the lecturers emphasized that the use of such devices would primarily favor adultery and infidelity. And family planning? There also the lecturers stated that Islam only permits the use of such practices to married couples, to space out births, but not to the unmarried. According to them, the only real alternative to be used against AIDS is a "moral preservative," that is, marriage and conjugal fidelity.

Social Mobilization

They stated: "We must stop arousing false hopes. The best way of eradicating this scourge is to change our sexual behavior. The most reliable vaccine against AIDS turns out to be marital fidelity."

The struggle against AIDS emphasizes the struggle against infidelity, adultery, and frequent sexual relations with different partners. All of those actions are prohibited by Islam and the Catholic religion. The lecturers considered that social mobilization involving religious

leaders is one of the best courses of action which could bring with it a change in sexual behavior.

SOUTH AFRICA

Health Department Explains AIDS Projections

54000066 Johannesburg *THE CITIZEN* in English
10 May 90 p 3

[Text] The SA Department of National Health and Population Development estimates that 55,000 people in South Africa would have been infected by the deadly HIV virus by the end of 1989.

In a statement in Pretoria yesterday, the department said this was only an estimate as no concrete evidence existed.

"Projections should only be seen as an indication of the possible order of magnitude of the problem."

The department said it and the government were still being accused of under-reporting AIDS and HIV-positive cases.

The current conception was that the department was not overtly regarding the incidence of the problem—that it was secretive about facts and statistics.

It clarified the following basic misconceptions:

—AIDS cases: These were diseases resulting from HIV infection. The "Centres of Disease Control" in Atlanta, Georgia, U.S., stipulated certain criteria which were accepted worldwide. Only when patients complied with these criteria, could they be regarded as an AIDS case.

—HIV-positive person: This was a person who had contracted the virus was confirmed/tested to have antibodies to the virus. Such a finding could not be made on the basis of a single test—a confirmation test had to be done.

"Test results made available without confirmation tests lead to incorrect information being disseminated, creating a situation which does not, in fact, exist. This should be avoided."

—Carriers of the virus who had not yet been tested: The incidence of HIV carriers was not available in "hard" confirmed data format. However, reliable, or less reliable, projections regarding the extent of this category could be made, but should not be confused with the above two categories where confirmed data did exist.

"The department's projection of approximately 55,000 infected persons by the end of 1989 is regarded as fair," the department said.

The department gave the following statistics for AIDS from 1982 to April 24, 1990.

A total of 386 cases with 196 deaths and a case fatality rate of 51 percent. Of these, 109 were in the age group 30-39, and 95 were male. In the age group 20-29, 49 were male and 26 female.

Referring to the geographical distribution of AIDS cases, the department said 105 out of 173 AIDS victims had died in Johannesburg, 34 out of 61 in Cape Town, 18 out of 54 in Durban and five out of 10 in Bloemfontein.

In the case of transmission by ethnic groups and sex, 211 homo/bisexual males contracted AIDS, while 46 heterosexual Black men and 56 Black women also contracted the disease in the eight years of the study.

Only three cases among homo/bisexual Asian males were reported during this period.

AIDS: 'Greatest Threat To Public Health'

54000065A Cape Town CAPE TIMES in English
18 Apr 90 p 6

[Editorial by Anthony Johnson]

[Text] AIDS could turn much of the thinking about the political and economic problems facing the southern African subcontinent on its head if its exponential spread continues unabated.

And yet the different arms of the South African Government do not appear to have a co-ordinated or consistent approach for dealing with the killer virus and its future implications.

Some sections of government—most notably those involved with trade and foreign relations—appear more sensitised to the complex and multiple problems posed by an AIDS epidemic and officials in these departments are gearing themselves to a possibility of a drastically transformed politico-economic landscape in the decades ahead.

Educate Public

Ironically, the government health authorities appear less willing or able to address head-on what independent experts have dubbed "the greatest threat to public health in South Africa this century."

The release to Parliament last month of grossly understated figures on the extent of the AIDS problem by Health Minister Dr Rina Venter was certainly not helpful to medical authorities trying to educate the public about the real extent of the problem.

The paltry amount the state is spending on education to combat AIDS is a sick joke when one considers the economic havoc it could wreak if even the conservative projections regarding its spread are correct.

Statisticians of the Medical Research Council estimate that by the end of next year there will be almost 500,000

South Africans infected with HIV, the virus which precedes full-blown AIDS. The doubling time in South Africa is 8.5 months.

Research

The cost of treating a single patient who has developed AIDS is an estimated R80,000-R100,000 until the time of death—commonly about a year after the patient shows symptoms.

A more hopeful sign from within government circles is that the Department of Foreign Affairs considered the extent of the AIDS problem sufficiently serious to brief all its foreign heads of mission about the dangers it posed for the subcontinent earlier this year.

Also, a special government task force has been doing research for the South African Government on the implications of an AIDS catastrophe in Southern Africa on issues like economic development, trade and land hunger.

If the AIDS scourge multiplies at the rate that some experts predict, the burning question of land reform could take on an entirely different complexion in many parts of the subcontinent.

Alarming Implications

Government plans to build a viable economic community encompassing most of the countries in the region will simply evaporate if anything approaching the worst-case scenario for the spread of AIDS is reached this decade.

Even if South Africa manages to escape the extent of AIDS-created devastation currently stalking its neighbours, the cost for the South African economy will still be huge.

While an AIDS epidemic is seen in some less enlightened circles as a possible counter to the population explosion, its impact on skewing the demographic profiles of overpopulated countries in the region carries alarming implications for economic growth and development generally. One of the reasons for this is that the sexually most active section of the population also tends to be the economically most active.

The virus could wipe out a large section of the most productive section of the economy, leaving a vastly disproportionate number of children and elderly people in society.

The government should stop pussy-footing about and develop a comprehensive response to the AIDS threat.

Government Estimates 1991 Black HIV Figures

54000065B Cape Town CAPE TIMES in English
5 Apr 90 p 3

[Text] By the end of 1991 an estimated 446,000 blacks in South Africa will be infected by the human immunodeficient virus (HIV).

These figures were released by the Department of National Health and Population Development yesterday, in response to recent media reports which alleged that the department was withholding information regarding AIDS from the public.

At the end of last year about 55,000 South Africans were infected with the virus, while 3,431 of these cases had been reported to the department on a voluntary and anonymous basis by early last month.

The statement stressed that researchers involved in the survey emphasised the lack of representative data and the preliminary nature of their findings.

"The first South African cases were diagnosed in 1982, indicating that infection could have occurred 10 years earlier and that HIV has been present in the country since 1972," the statement said.

"In the light of these projections it cannot be over-emphasised how serious and enormous the threat is. At present there is no cure for AIDS and no vaccine exists to safeguard healthy people against contamination."

The statement stressed that knowledge about how AIDS is spread and appropriate precautions are the only efficient means to prevent the disease.

SWAZILAND

Health Minister Warns of 'Disastrous' AIDS Spread

MB1206071890 Mbabane THE TIMES OF SWAZILAND in English 12 Jun 90 pp 1, 28

[Article by Gordon Mbuli]

[Text] The Minister for Health, Dr Fanny Friedman has seriously warned the Swazi nation of the disastrous consequences of the spread of AIDS in the country.

She stated that until members of the public take this issue seriously, the entire population will suffer.

There are now 207 HIV positive cases in the kingdom, which represent an increase of over 40 percent since last December.

At least 30 of these people are already full blown AIDS sufferers waiting to die any day.

Dr Friedman observed that in Swaziland, the majority of infected people do not yet show the symptoms of the disease.

"This is therefore the reason why the Swazi public still doubt the reality of the AIDS crisis. Other countries are ahead of us in that they are already dealing with behaviour changes while we are still dealing with convincing our public about realities of AIDS," she said.

Dr Friedman was speaking yesterday when she addressed a one week AIDS Counsellor Training workshop held in Mbabane. The workshop has been organised by the Family Life Association of Swaziland (FLAS), Project Hope and the United States Agency for International Development (USAID).

The minister told the participants that in Swaziland, AIDS has continued to be a major concern. She said, since the first case was diagnosed in 1986, four years later more than 200 people have been confirmed infected while up to 30 are believed to have progressed to full blown AIDS.

"It would appear that the infection was introduced in Swaziland later than in other parts of Africa so that while other African countries are seeing a lot of AIDS cases, in Swaziland the majority of infected people are still at the asymptomatic stage.

"This is therefore the reason why the Swazi public still doubts the reality of the AIDS crisis. Other countries are ahead of us in that they are already dealing with the behaviour changes while we are still dealing with convincing our public about the realities of AIDS.

"It would also appear that intervention programmes in Swaziland started in good time to avert the catastrophic experiences which other African states are going through.

"But because the Swazi public does not seem to take the outcry seriously and urgently, Swaziland will eventually experience the same disastrous effects of AIDS."

ZAIRE

261 AIDS Cases in Bandundu in 1989

AB0606110690 Kinshasa AZAP in French
1110 GMT 2 Jun 90

[Excerpt] A total of 261 AIDS cases were recorded in 1989 in 13 of the 38 health zones of Bandundu Region. The most affected zone was Vanga in Kwilu, where 14 clinical cases were reported and 120 persons tested positive. Dr. Kabeqa Buda, the regional officer of the National Program to Fight AIDS (PNLS), announced this recently at a working session with doctors at Bandundu General Hospital. He did not, however, specify whether any of the patients died. [passage omitted]

Guangzhou Issues Anti-AIDS Regulations

HK1005021590 Hong Kong SOUTH CHINA MORNING POST in English 10 May 90 p 10

[Text] Guangzhou city has passed tough regulations to curb the spread of venereal diseases, including AIDS.

The Provisional Regulations for the Management and Prevention of Venereal Disease, published in yesterday's GUANGZHOU DAILY, said that "prostitutes, their customers and anyone else found involved in illegal sexual activities who are caught will be made to undergo an examination".

"Those found to be suffering from VD will be treated and detained for reeducation."

The regulations apply also to Hong Kong and foreign tourists.

"Those (foreigners) found to be suffering from VD will be compelled to undergo treatment and will have a record," the regulations said. "They will subsequently be given 48 hours to leave the country".

People intending to marry must undergo examination for VD and AIDS before they are allowed to register. The regulations further specify that "all employees working in the tourism industry, food and drink trade, at places of entertainment and in the transport industry, must also undergo a VD examination when they are employed".

Yunnan Strengthens Efforts To Fight AIDS**Three-Year Plan in Operation**

OW2905113990 Beijing XINHUA in English 0949 GMT 29 May 90

[Text] Kunming—Yunnan Province in southwest China, where AIDS virus carriers account for 95.4 percent of the total on the mainland of China, is strengthening efforts for prevention and control of the killer disease.

After 146 people in the province were found late last year to have been infected by the AIDS virus—though none of them has any obvious symptoms—Governor He Zhi-jiang convened several special meetings on the problem.

The provincial government soon established a special committee in charge of prevention and treatment of AIDS with Deputy Governor Chen Liying as the head and Wu Kunyi, director of the department of public health, as the deputy head.

With the help of the World Health Organization, a three-year plan to combat AIDS has been worked out and put into operation.

All the diagnosed AIDS virus carriers in the province have been put under local quarantine for medical care.

A large-scale campaign on combating AIDS has been launched throughout the province. Various training classes are being held and all the mass media are being

used to popularize knowledge about prevention and control of AIDS. More and more local people have plunged into the struggle against unhealthy activities which lead to the spread of AIDS, such as drug addiction, prostitution, etc.

The departments in charge of public health and epidemic prevention have started to examine more high-risk groups of people in a larger area, including Kunming, capital of the province, and the prefectures of Dali, Baoshan and Lincang.

So far, they have collected serum samples from more than 7,000 people and some new suspected carriers have been discovered. Work is underway to determine whether these suspects are actually infected by the AIDS virus.

Fortunately, these suspects' location is still limited to the Sino-Burmese border counties and cities, where the AIDS-virus carriers discovered last year live.

The departments in charge of public health and epidemic prevention in the province issue individual registration cards for these AIDS-virus carriers to trace their movements.

Meanwhile, they have completed a survey on epidemiology and aetiology in Ruili, a border county which was found to have most of the AIDS-virus carriers in China, thus paving the way for further research on the epidemic pattern and factors as well as infection rates in the border area.

The provincial government has allocated 1.6 million yuan (333,000 U.S. dollars) for the work on prevention and control of AIDS. Besides, the State Council and the Ministry of Public Health have provided the province with some relevant equipment.

After three years' efforts, the coordinated research group for the development of medicines to prevent and control AIDS, consisting of scientists from various research institutes and universities in the province, have found a dozen Chinese traditional herbs to be effective for treating the AIDS virus.

Besides, the research group has also established animal matrices for the research of AIDS, thus paving the way for trial use of anti-AIDS medicines on animals.

At present, Director Wu Kunyi said, the most important and most difficult thing is to take good care of the AIDS-virus carriers to control the further spread of the diseases.

Director Wu noted that all the AIDS virus carriers in Yunnan are still in the premorbid stage and they all live in a limited border area.

Health Minister Comments

*HK1305073290 Hong Kong HSIN WAN PAO
in Chinese 12 May 90 p 3*

[“Special dispatch” from Beijing: “Yunnan Is Taking Vigorous Measures To Prevent the Spread of AIDS”]

[Text] Beijing—According to the Ministry of Public Health, there are now 146 AIDS carriers in Yunnan province. Seriously menaced by AIDS, this border province has adopted vigorous measures to prevent the disease.

Invasion of Drugs

Yunnan had already realized some years ago the threat of the “two brothers,” drugs and AIDS. Yunnan is adjacent to the “golden triangle,” the world’s most famous drug base. This base and the zone adjacent to China’s border produce more than 3 million tons of opium a year and scores of factories turn out over 40,000 kg of heroin. In recent years, the international drug trafficking gang has attempted to use Yunnan as a channel to traffic drug. Their infiltration into Yunnan further intensified, resulting in a sharp increase in the number of drug addicts, particularly those taking drugs by means of intravenous injection, in the border region. Those taking drug by means of intravenous injection have become a group of dangerous people spreading AIDS through blood.

The Burmese Border

Beginning from 1987, Yunnan’s sanitation and anti-epidemic departments have conducted blood serum tests for the group of people infected by AIDS (besides those taking drugs through intravenous injection, they include prostitutes, those visiting prostitutes, those indulging in casual sex, and part of the floating population). By September last year, they conducted tests among 1,800 people, but did not discover anyone who was infected. By December, however, they found 79 AIDS carriers from among a group of people from Ruili County. By the end of last year, the figure rose sharply to 146.

According to an analysis, all the carriers were infected through intravenous injection. None were infected

through sex or prenatally. Most of the carriers were peasants from Ruili county. There were also a few from nearby cities and counties including Wanding, Yingjiang, Luxi, and Longchuan.

Infection Through Injection

It has been reported that the serious epidemic situation has attracted the great attention of the Yunnan provincial government and the Ministry of Public Health. The provincial government has set up an AIDS Prevention Leading Group with vice governor Chen Liying as its head. The person in charge of the Department of Health and Epidemic Prevention under the Ministry of Public Health and relevant experts went to Yunnan on numerous occasions to help and to supervise prevention work there. Experts from other parts of the country also wrote letters and sent messages to relevant departments in Yunnan, offering suggestions and expressing their wish to help in Yunnan’s AIDS prevention work.

Yunnan’s epidemic situation has also attracted the attention of the World Health Organization. With the help of experts sent by this organization, a mid-term prevention plan for the next three years has been worked out.

Strengthen Management

Another preventive measure adopted was to extend the scope of blood serum tests to discover AIDS carriers at an early date and prevent the spread of the disease. To this end, the provincial government allocated 700,000 yuan last year and another 900,000 yuan this year.

When the news of AIDS carriers discovered in Yunnan spread, people from all walks of life stressed the need to strengthen supervision over the carriers. Many proposed that the carriers be collected and isolated. Some proposed setting up special hospitals or farms for isolation and medical treatment.

While discussing this issue recently, the Yunnan AIDS Prevention Leading Group proposed strengthening management over AIDS carriers and restricting their activities to prevent the spread of the disease. The leading group has decided to send a working group to consult the leaders of the epidemic area on working out a feasible, specific plan.

BURMA**324 People Infected With AIDS Virus**

*OW3005091090 Beijing XINHUA in English
0665 GMT 30 May 90*

[Text] Yangon—A senior Myanmar Health Ministry official said that 324 people have been found infected with Acquired Immune Deficiency Syndrome (AIDS) virus in the country.

This is the first time that figures on AIDS were revealed in Myanmar.

An official seminar on AIDS held here last week also disclosed that a few people have been infected with the disease in the country.

Dr. Tin Tun-oo, a director in the Ministry of Health, said in his article in the official WORKING PEOPLE'S DAILY that between 1985 and end of 1989 blood test was conducted for 25,701 people and 1.26 percent of them were found to have contracted AIDS.

The blood-tested people were drug addicts, prostitutes, venereal disease patients, male homosexuals, blood donors and pregnant women, and the people infected with AIDS virus were mainly drug-addicts, the official said.

He said the spreading of the disease can be put under control at present, but he warned people to be aware of the deadly disease.

HONG KONG**AIDS Cases Rise Among Heterosexuals**

*54004068A Hong Kong HONG KONG STANDARD
in English 28 Mar 90 p 5*

[Article by Stephen Wright: "AIDS Cases Rise Among Heterosexuals"]

[Text] A stern warning went out yesterday about the dangers of having sex with local prostitutes.

This followed new AIDS statistics showing an increasing incidence of the deadly virus among Hongkong's male heterosexual community.

Only two or three Hongkong men are reported to have contracted the HIV virus through exclusive contact with local prostitutes, but AIDS experts, including consultant physician Dr E. K. Yeoh, believe the figure is far higher.

"We are extremely concerned about the increasing incidence of AIDS in the heterosexual community," said Dr Yeoh. "We hope that men will take that having sex with Hongkong prostitutes is potentially very dangerous."

So far, 36 people have contracted fully-blown AIDS in Hongkong, including five heterosexual men, 23 homosexuals and four haemophiliacs.

But more worrying for AIDS experts is the fact that 20 of the territory's 140 registered HIV-infected patients are heterosexual.

"That means about a third of the 71 patients who have acquired the infection sexually, are heterosexual," said Dr Yeoh.

Patients acquire the HIV virus before they possibly develop fully-blown AIDS virus.

"AIDS now seems to be spreading steadily among the heterosexual population," said Dr Yeoh, a Government consultant for the AIDS Counselling and Health Education Service.

"Many patients who have come to us recently have had contact with prostitutes in the South-East Asian region.

"It is not just the expatriate community, it is the locals too. We all know about the sex tours of Thailand and the Philippines, sometimes organised for business purposes, where men are more uninhibited and come into contact with prostitutes.

"It is these men we want to warn, because their activities are risky, especially if they don't take precautions."

Dr Patrick Li, a senior medical and health officer, also warned of the dangers of having sex with prostitutes.

"The majority of the 25 heterosexuals have acquired either HIV or AIDS have had sexual contact with a prostitute," he said.

"Most of them have had multiple contact with prostitutes inside and outside of Hongkong. But two or three have definitely developed the virus through prostitutes in Hongkong...simply because they have never left the territory."

So far, no prostitutes have been found to have HIV or AIDS when screened at Government-run clinics.

"But they could have been checked at private clinics, or they could have already left Hongkong," said Dr Li.

Meanwhile, Dr Li yesterday announced that three more men were now confirmed to be suffering from AIDS.

Two of the last victims acquired the disease sexually, while the other is a haemophiliac, Dr Li said, when revealing the monthly statistics on AIDS for February.

One of the AIDS patients has died. Dr Li refused to give any details about the victim.

SOUTH KOREA

Foreigner Testing Positive for AIDS Deported
SK2605070890 Seoul YONHAP in English 0627 GMT
26 May 90

[Text] Seoul—A male dancer has been deported by South Korea because he tested positive for AIDS in the first expulsion since the government enacted AIDS regulations for foreign employees in March, an official of the Health and Social Affairs Ministry said Saturday.

The 38-year-old dancer, identified as "D," had worked for a Korean hotel since mid-April, but did not have sexual intercourse during that time, the official said.

The government ruled March 1 that foreigners seeking work in Korea under long-term contracts must submit certificates showing they are free of the AIDS virus within one month of their entry into Korea.

MALAYSIA

177 AIDS Cases in 1990

90WE0185A Kuala Lumpur UTUSAN MALAYSIA
in Malay 16 Apr 90 p 16

[Text] Ipoh—The Ministry of Health identified 177 cases of AIDS in the first 3 months of this year, almost double the total number found last year, Chua Jui Meng, the ministry's parliamentary secretary, said here today.

Of those cases, 52 carriers were identified in the 9 days from 21 to 29 March.

Speaking to reporters today at the City Auditorium after launching an eye care campaign under the sponsorship of the Perak Poor Students Welfare Association, Chua Jui Meng declared that the AIDS epidemic in Malaysia is not serious, however.

Nevertheless, he added, prevention efforts and vigilance must be intensified by seeking the cooperation of everyone.

He announced that 192 AIDS cases were identified in the country in 1989 and that as of today the number has reached 379 cases.

He said identification of the additional cases was a result of tests made by the ministry on drug users.

Of these drug users, 96.8 percent are men, and only 3.2 percent are women.

When asked whether the AIDS cases were caused by tourists, he said that according to his figures only 1.6 percent of the AIDS cases involved foreign tourists, whereas 6 percent stemmed from prostitution.

Chua Jui Meng announced that investigations reveal that 76 percent of the AIDS cases involve drug users.

He said that so far nine people have died from AIDS in Malaysia.

He said his ministry does not require tourists arriving in the country to undergo AIDS testing.

What the ministry is doing, he said, is to encourage the public to note how to avoid AIDS and to be aware of its bad effects on those who get the disease.

He called on everyone to give serious attention to eliminating AIDS and to cooperate with the ministry in teaching the younger generation to be healthy and free of all contagious diseases.

THAILAND

AIDS Figures Draw Prime Minister's Office Reaction

90WE0172A Bangkok THAI RAT in Thai 4 Apr 90
pp 1, 22

[Excerpt] [passage omitted] Figures showing an unprecedented increase in AIDS sufferers were revealed by Assistant Professor Dr. Praphan Phanuphak of the Chulalongkorn University Medical Faculty yesterday afternoon (3 April): in the last six months the rate at which Thai people were infected by the AIDS virus increased alarmingly. At the annual meeting of the Medical Faculty of Chulalongkorn University on 20 March it was disclosed that first-time male blood donors to the Thai Red Cross in 1989 showed a steadily increasing incidence of AIDS. There were approximately 140,000 who donated blood. In the period from January to March, .12 percent of the donors were found to have AIDS in tests given before donation; in the period from April to June, .22 percent were found to have AIDS; in the period from July to September, .38 percent were found to have AIDS; and in the period from October to November, .69 percent were found to have AIDS or 69 in 10,000. In 1988 only .09 percent were found to have AIDS in tests given before donation. This was an eight-fold increase. "The same statistic in the United States was only .048 percent while here it was .69 percent, in other words here it was 14 times greater."

Dr. Praphan said that in addition the Ministry of Public Health had discovered that the number of pregnant women with the AIDS virus had increased greatly. There were almost none in mid 1989, but by the end of the same year 2 percent of the pregnant women were found to be infected in 6 of the 31 provinces. Of the men who came to be tested for venereal disease almost none were found to be infected in mid 1989, but by the end of the year 2 percent of the men coming for these examinations were found to be infected in 12 of the 31 provinces. A high incidence was found in some provinces, especially in the north; the rate was 17.8 percent in Chiang Mai Province, 14.8 percent in Phayao Province, and 13.8 percent in Chiang Rai.

Dr. Praphan expressed the opinion that if the men donating blood, the pregnant women and the men coming to be tested for venereal disease were considered to represent a cross section of the population, then the statistics arrived at for AIDS infection in these groups indicated that the Thai people were experiencing a great increase. He felt that this was a very serious situation and that the statistics indicated that in the past 6 months there had been an alarmingly rapid increase.

He also said that when Mr. Loe-son Thonsukanchan of the prime minister's [Advisory Council] from Phitsanulok, who had come to the meeting as an observer, heard the statistics given, he was very concerned and said that even the prime minister did not know about them. He said that this was dangerous and that it was important that the prime minister be notified urgently. "The specialists have discussed this only in meetings. Other people do not know about it. Officials from the various provinces have not reported the actual data on those infected to the Ministry of Public Health even though the ministry considers it to be the policy that this data must be reported so that it can be used to make plans to correct the problem quickly. It is the duty of those involved to report the facts to the people so that the people will be prepared to protect themselves against infection," Dr. Praphan said.

AIDS Infection in Chiang Rai District

54004308A Bangkok *THE NATION* in English
12 May 90 p 2

[Text]Mae Sal, Chiang Rai. Sixty four people have contracted the AIDS virus here in the last three months, raising the total number of the virus-infected people in this district to 310, a senior district medical official said on Thursday.

Dr Prapan Theekaxanit, director of Mac Sai Hospital, said 246 people were tested AIDS positive from April 1989 to January 1990 with 165 being prostitutes.

The doctor said his hospital had carried out tests on high risk groups in the district since 1988 following a report that a resident of the district had died of full-blown Acquired Immune Deficiency Syndrome.

The doctor was briefing Deputy Public Health Minister Suthas Ngernmuen who visited Chiang Rai after having received reports that 1,400 people were found to have been infected with the virus in the province.

The minister said he was pleased with the way district medical officials were going about curbing the spread of AIDS.

Prapan said private sector and district officials have cooperated in launching awareness campaigns to teach the district residents how to protect themselves against the fatal virus.

The doctor said the campaigns included asking prostitutes at 29 brothels in the district to urge their male clients to use condoms.

However, he admitted that the campaigns to fight AIDS have met with some obstacles.

He said some prostitutes who realized that they were AIDS carriers would not give up working because they did not know what to do after leaving the brothels.

And most of the prostitutes are Shan who rarely understand Thai, so they may not be able to benefit from the campaigns, the doctor said.

He said officials could not compel male clients to use condom every time they frequent prostitutes.

Many doctors voiced concern that prostitutes had contributed the most to the spread of AIDS even though public health statistics showed that intravenous drug users were the largest group of AIDS carriers.

AIDS can be transmitted through sexual contact, transmission of contaminated blood and sharing of contaminated needles by drug abusers. The virus can also be passed from mother to child at or before birth.

High HIV Rate Among Northern Conscripts

54004308B Bangkok *BANGKOK POST* in English
5 May 90 p 3

[Excerpt] An anti-AIDS campaign will be launched in Phitsanulok province on May 18 because of an alarmingly high rate of HIV infection among young military conscripts, said Population and Community Development secretary-general Mechai Viravaidya yesterday.

The Third Army Region recently found figures from blood tests showed up to 5.6 percent of conscripts in the upper northern region—Chiang Mai and Chiang Rai—had been exposed to the HIV virus, compared with a national average of 2.5 percent.

The average infection rate among male youths nationwide is 0.50 percent.

Most young men are believed to have contracted the deadly disease from prostitutes.

Mr Mechai said the finding is very disturbing and something should be done quickly to stop the disease from spreading.

[Passage omitted]

IV Drug User AIDS Incidence Up

90WD0261Z Bangkok *SIAM RAT*
in Thai 22 Feb 90 pp 1,3

[Excerpt] [passage omitted] Dr. Somkhuan Champhung, the head physician in the office of the Undersecretary of Public Health said that the reports about IV drug users in Bangkok under 25 years who had come for treatment at

the drug clinic indicated that the incidence of AIDS had increased from two percent two years ago to 40 percent plus now. Documents from the Epidemiology Division of the Ministry of Public Health indicated that as of 15 February 1990 there were 12 cases of youths, meaning

those aged 15 to 29, with complete AIDS symptoms. There were 8,375 with the AIDS virus but without symptoms. These cases resulted from both the sharing of needles in drug use and from use of prostitutes. [passage omitted]

CZECHOSLOVAKIA

Health Ministry on AIDS, Combat Measures

LD2905153490 Prague CTK in English 1240 GMT
29 May 90

[Text] Prague —The Czech Ministry of Health and Social Affairs has established a commission for the prevention of AIDS in the Czech Republic in cooperation with the institutions concerned, chaired by chief hygienist of the Czech Republic Jaroslav Kriz.

In consequence of the ever rising number of anti-HIV positive citizens in the republic, the commission will adopt, but above all implement, effective medical, social, economic, legal and other measures for the prevention of this fatal disease.

There were a total of 144 anti-HIV infected persons in the Czech Republic by April 30, 1990, according to statistics—49 of them were foreigners. Nineteen persons have fallen ill, another twenty have died already.

POLAND

AIDS Council: Interdepartmental Specialists, More Public Education

90WE0170A Warsaw SLUZBA ZDROWIA in Polish
No 10, 11 Mar 90 p 6

[Article by Ilona Dziewiecka: "AIDS—Telling It Like It Is"]

[Text] The first stage of the struggle with AIDS in Poland will come to an end this year. We ended the decade of the 1980's as one of the 120 countries in the world which admits to the presence of the HIV virus. After examining 3.5 million people, 721 carriers were detected, 32 who were ill, and 18 people died. It is possible that we will remain in the No. 3 epidemiological group (low risk level).

In March 1990 the present AIDS Council will be replaced by a new structure, a team of interdepartmental specialists. AIDS is a sickness from which the health service cannot isolate itself. The sickness gives rise to problems in the most diverse areas of life. They must be solved through the cooperation of several departments (including justice, national education, internal affairs). This means that the Chambers of Physicians must participate. The battle with the HIV virus should be everyone's concern. Prof. Tadeusz Chrusciel, president of the Chief Medical Council, asked the premier and the prime minister for help in creating a National AIDS Prevention Plan.

Throughout the world studies are being conducted on 11 anti-virus preparations, but none of them has extended the life of a sick person by more than 6-12 months. The most effective method for battling the 20th-century sickness is infection-prevention and its spread. In 1990

there will be no shortage of money for essential expenditures connected with the prevention of AIDS in Poland, said Andrzej Kosiniak-Kamysz, minister of health. Of the 15 trillion zlotys allocated to the ministry (this does not include wage reserves), 30 billion will be designated for the purchase and conduct of additional tests to detect the presence of the virus, and 10 billion zlotys will be designated for lump-sum payments to health service employees who come in contact with HIV patients and carriers. The amount of the payment, determined individually by managers, may be 84 percent of the lowest salary (now 120,000 zlotys). In addition to the money from the Ministry of Health budget, 70 billion zlotys will remain for additional, unanticipated expenditures connected with AIDS.

In the opinion of the ministry, already last year it was possible to meet 100 percent of the requirements for disposable equipment and protective clothing (80 percent came from the budget, the rest from foreign donations). Unfortunately, sometimes the voivodship doctors decided to allocate these funds for other purposes.

Lack of awareness of the danger and of methods for preventing infection, plus low interest on the part of the community in lectures and publications on AIDS, are unfortunately a fact. Dentists do not have personal-protection means. Fortunately, soon a large transport of donations from the EEC will arrive in Poland: aprons, face masks and shields used by dentists throughout the world.

This year the number of facilities available for treating the sick and the carriers should increase. More and more infectious-diseases departments are declaring their willingness and ability to accept them. Prof. Lidia Babiuch is finalizing the opening in Warsaw of the Chronic Immunological Deficiencies Clinic (20 hospital beds). Right now what is needed most is the formation of a network of diagnostic clinics, because most of the infected persons do not require hospitalization but regular examinations. It is the task of the ministry (deputy minister Krystyna Sienkiewicz is taking care of this personally) to also set up several hostels in which the carriers and the sick, who cannot find places for themselves in family homes, could stay (during the period of the examination). But the Cuban model—the creation of closed ghettos—will not be applied in Poland.

Nor is it envisaged that a law or an order will be enacted to require compulsory examination of patients admitted to hospitals to detect the HIV virus. Such practices in effect in some hospitals are a violation of human rights and the result of lack of knowledge about the risk. Only the following categories of persons are subject to compulsory examination: Blood donors, hemophiliacs, sex partners, infected persons, and foreigners coming to study in Poland. Testing of the following persons is encouraged: Venereal-disease clinic patients, homosexuals, and drug addicts during the course of their treatment to overcome the addiction.

The struggle with the irrational reactions of the public to the dangers of AIDS is no less a problem than the creation of the material conditions to fight it. The universal lack of knowledge on this illness is a fact. Because the tests are not 100-percent certain, awareness of the risk and danger is even more important. The latest studies have shown that the so-called "serologic window" (the time from the infection to appearance of the first antibodies detected in the test) can last not, as previously believed, from 2 to 6 weeks, but from 4 to 6 months or even longer. This increases the risk of infection during blood transfusions. This risk can be minimized by using equipment, soon to be imported, which will make it possible to safely draw and process blood. Minimization can also be achieved by making the public aware that persons in the so-called "risk group" should not donate blood.

The HIV virus came to Poland late as compared with the Western Europe countries. This makes it possible to utilize the experience of the West in the battle with AIDS. Great Britain has already offered to assist Poland in this matter. Already this year, 2-week trips will be arranged for 10 teams made up of one doctor and two nurses each. These teams will be trained in British hospitals.

Everyone knows that the threat of AIDS and the growing number of infected persons has created new tasks, particularly for the health service. Above all, although AIDS is frightening, the Hippocratic oath and the standards of professional ethics must not be forgotten. The Chambers of Physicians will oppose all cases of refusal of assistance to the sick and infected and the frequent lack of observance of professional confidentiality.

Fewer and fewer doctors and nurses are becoming panicky and refusing assistance, and more and more seldom are we treating virus carriers like "lepers." But there are still too many signs of intolerance. Intolerance can only be fought with knowledge. We should be reminded at this point that objects used by the infected which do not have traces of blood on them can be treated just like any other soiled objects. And blood ceases to be an infection carrier after 70 hours.

The Ministry of Health will not cease to disseminate knowledge about AIDS, the least infectious of the infectious diseases, and about the HIV virus, which is not very dangerous in contact and tragically dangerous after infection. Millions of pamphlets are being published on this subject, press conferences are being arranged (the above information was taken from the last one which was held on 26 February), and a series of weekly reports on AIDS for the TV "News" are being prepared.

Health Care Practitioners Discuss Fear of AIDS Patients

90WE0170B Warsaw SLUZBA ZDROWIA in Polish
No 11, 18 Mar 90 p 5

[Article: "Stop AIDS—To Battle... Without Weapons?"]

[Text] The Sejm's Health Commission meeting held on 28 February was devoted to the epidemiological situa-

tion in the country. The optimistic report by Minister Andrzej Kosiniak-Kamysz, speaking about the low danger of AIDS in Poland and on the great chances for a successful battle with the HIV virus, aroused many doubts.

Attention was called to the fact that filling the "Cezal" warehouses to the walls with disposable equipment and protective devices does not give the right to be satisfied and to say that all requirements for these items have been filled. It makes no difference to the medical personnel who are in direct contact with the sick or infected whether the lack of protective means in the health service centers was caused by import shortcomings or lack of money to purchase them.

One of the deputies cited an interesting statistic concerning the exposure of the medical community to infection. Most of the infections occur as a result of a cut by an instrument or a needle prick—*injury to the skin*. The group most at risk are nurses, followed by laboratory employees and doctors. Cases of on-the-job infection with the HIV virus are rare. Nevertheless, half of them could be avoided if disposable gloves (including long gloves for obstetricians), eye-glasses, face masks, disposable aprons and disinfectant agents, were available, and if people knew more about the infection and how to proceed with AIDS patients.

Mentioned over and over again by the deputies was the lack of any kind of pamphlets or publications dealing with diagnosis and rules of behavior in cases of contact with the sick or infected, and the lack of basic disinfectants (lysol), and chemical indicators of the sterilization process, the so-called "strips," large quantities of which were promised as far back as 1988. The medical community, especially workers in health centers far removed from the capital, look upon the actions of the ministry dealing with infection-prevention and treatment of the sick and infected as improvised and incoherent. There is no consistent system or an effectively implemented program. To this day, the basic treatment personnel do not really know what to do with an infected patient, how to treat him, where to send him, and to which department to admit him.

And although no one questions the correctness of the position of the Chief Medical Council (published in the No. 8 issue dated 25 February), the question arose: Who will be responsible for sending thousands of health service employees to battle with the HIV virus without weapons? The material shortages are not a trivial argument for all of those who are afraid of infection and refuse to work around the sick and the carriers.

The subject of AIDS dominated the discussion. Other data concerning other infections, published in the report of the Main Health Inspectorate, was largely ignored. Yet an increased number of cases of measles, bacterial dysentery and food poisoning was recorded. The number

of cases of hepatitis B, one of the highest in Europe, did not drop. However, there is hope that the continuation of the inoculations begun in 1988 of those health service employees most exposed to HBV infection, and children of mothers who are HBS-antigen carriers, will bring about a reduction in the sick rate.

In terms of the health of its people, Poland ranks 28th among 32 European countries.

Current Numbers of HIV-Infected, AIDS Patients Listed

*90WE0170C Warsaw SLUZBA ZDROWIA in Polish
No 11, 18 Mar 90 p 5*

[Prepared by Dr. Wanda Szata, Epidemiological Commission of the Council on AIDS, and Epidemiological Institute of the State Institute of Hygiene]

[Text] During the period 1-14 February 1990, HIV infections were discovered in 21 Polish citizens, of whom 20 are intravenous-drug users, and during the period 15-18 February 1990, in 51 Polish citizens, including 41 intravenous-drug users.

In February 1990, one AIDS case was reported—a 27-year-old drug addict.

From the time studies were begun in 1985 to 28 February 1990, HIV infections were discovered in 772 Polish citizens, of whom 521 were intravenous-drug users.

A total of 33 people were ill with AIDS, of whom 19 died (temporary figures as of 28 February 1990).

As of 31 January 1990, a total of 215,144 cases of AIDS in the world were reported, of which 40,519 were in Africa, 142,065 in both Americas, 511 in Asia, 29,727 in Europe, 1,782 in the South Sea Islands. In Europe, most of the cases were recorded in France (8,025), Italy (5,307), the FRG (4,306), and Spain (3,965). (Weekly Epidemiological Record, 1990-02-02, No. 5).

Need for AIDS Public Education, Treatment Facilities

*90WE0170D Warsaw TYGODNIK DEMOKRATYCZNY in Polish
No 12, 25 Mar 90 pp 4-5*

[Interview with Wiktor Osiatynski, journalist, by Liliana Olchowik: "The Right To Be Afraid"]

[Excerpt] [passage omitted] Osiatynski: I will be so bold as to say that in Poland there is no program for the treatment of drug addicts.

TYGODNIK DEMOKRATYCZNY: And the movement formed by Marek Kotanski is simply a spectacular partisan war?

Osiatynski: This is an excellent and useful thing, but it is not a treatment program. Kotanski allows addicts to

leave the outside world and live in a kind of ghetto, without drugs. It provides a certain comfort to people who are emotionally ill and cannot cope with normal life, and it is from among these kinds of people that drug addicts come. Yet throughout the world, addiction treatment programs are designed so that after detoxification and, for example, a 28-day stay in a treatment center, a person has learned how to conduct himself. He leaves the center and begins to deal with normal problems. Because these are not people doomed to another kind of life, but only people who need help in rebuilding a system of reacting and thinking, which is almost impossible without professional therapy. Unfortunately, there is no way to do this in Poland. To say nothing of the fact that in the case of juvenile drug addicts, 100 percent of the cases of addiction are connected with a dysfunctional family. And after all, MONAR [Young Peoples Movement To Combat Drug Addiction] is not able to provide family therapy.

TYGODNIK DEMOKRATYCZNY: Since AIDS brings with it so many problems, in what order, in your opinion, should the funds be divided?

Osiatynski: It would be ridiculous in our conditions to spend money on scientific research. In the Ministry of Health there is an AIDS council comprised of scientists. They will certainly want to designate part of the funds for scientific research on AIDS. We are too poor for that. The United States and the European Community have not yet been able to achieve any practical success in this field. If they are successful it will be in their best interest to share this knowledge with us. At the most, we could allocate a minimum amount of money to send a couple of Polish scientists to participate in Western studies. Let us not cheat society.

TYGODNIK DEMOKRATYCZNY: What, then, should we spend money on?

Osiatynski: On prevention and education. To have available in every hospital disposable gloves, syringes and means of protection. For treatment, naturally, but also to free narcotics addicts from their addiction. Because it is not a matter of indifference as to whether a person dies with dignity or in squalor. To say nothing of the fact that every person sick with AIDS who is no longer a drug addict will be a very convincing example for those who are still addicts but are not yet infected.

TYGODNIK DEMOKRATYCZNY: And also to say nothing of the fact that a sick person or an HIV-carrier who remains addicted is most often an irresponsible individual, and therefore, especially threatening to the surroundings...

Osiatynski: During the Open Studio program devoted to AIDS I answered a telephone call asking what is the responsibility of HIV-infected people for their way of life after they learned of their illness. During the program there was no time at all to take up this issue. Everyone tried to be high-minded and understanding as regards one of the fears of the sick people—ostracism by the

healthy. And yet the question was important. Personally, I am in favor of moral condemnation for irresponsible behavior, even if it concerns a dying person. I also understand the other fear—the fear of the healthy. I remember that while I was in the United States at an Alcoholics Anonymous meeting (attended also by drug addicts), standing next to me was a very frail individual, covered with spots. I had a cut on my hand at the time. I discreetly moved a few feet away so as not to have to shake hands with him, which is traditional at the end of such meetings. Later I was ashamed of this, but that is how it was.

TYGODNIK DEMOKRATYCZNY: In other words, we should not be outraged at the "Kaweczyn [Warsaw suburb] philistinism," because first, this is an understandable phenomenon, and second, it is a passing one.

Osiatynski: I am not so conceited as to say that others are philistines. Fear is the most natural human emotion. I do not believe anyone who says he is unafraid. Maximilian Kolbe was also afraid, but nevertheless he went to his death. Let us give people the right to be afraid and to express this fear. Naturally, we cannot kill out of fear, or do harm, or throw stones at others. Feelings are the most honest part of us: they come and go without control. The problem arises when we distort them. However, human nature is based first on valuing our own feelings and second on not reacting to some of them. And here we have to educate—help to conquer this fear. Returning to the Kaweczyn matter, I think that if we were to talk to these people today, without labeling them but respecting their fear, it would turn out that there are among them many who can already tomorrow be tolerant. More so than in the communities which did not show this fear and anger. After all, when the deputy

minister of health went there after these events, they said: "We will take care of our own who are sick."

TYGODNIK DEMOKRATYCZNY: I think that this is a good closing for our conversation. Thank you.

YUGOSLAVIA

AIDS Statistics Updated

*LD2505174190 Belgrade TANJUG in English
0906 GMT 25 May 90*

[Text] Belgrade—So far, 129 cases of AIDS have been registered in Yugoslavia, of which 76 have died.

Although Yugoslavia is at the bottom of the European list in the number of AIDS cases, it is evident that the AIDS virus is spreading rapidly, representatives of the Federal Health Institute in Belgrade have said.

Since 1985, when only two AIDS cases were registered, the number has progressively been increasing every year—six in 1986, 19 in 1987, 39 in 1988, and 44 last year. Twenty new cases have been registered since the beginning of this year to May 17.

As far as it is known, about 2,000 persons are infected by the AIDS virus in Yugoslavia. Experts believe, however, that the number is at least twice as high.

Most of the infected are drug addicts—38 percent, homosexuals and bisexuals—34 percent, while 20 percent of the infected persons are hemophiliacs.

In the world, 240,000 persons have acquired the disease so far, and more than half of that number have died.

BRAZIL

Rise in AIDS Cases Since 1980

90WE0194A *Sao Paulo FOLHA DE SAO PAULO*
in Portuguese 24 Apr 90 p C5

[Text] Exactly 10 years ago, about April 1980, a professional photographer then age 34, single, with unknown sexual habits, became unexpectedly emaciated, showing signs of weakness. He would die at 0845 hours on 18 March 1981. His bulky clinical records at the Sao Paulo Hospital in Vila Mariana, in the southern zone, ended with an autopsy report indicating pulmonary interstitial fibrosis, as the "causa mortis", "to be clarified."

The clarification did not come until five years later, when the physician Antonio Luiz de Arruda Mattos, in a monograph for a master's degree submitted at the Sao Paulo School of Medicine, stated that acquired immunodeficiency syndrome (AIDS) was involved. This discovery, reported to the Health Ministry, has since become designated as "case one" of the 10,510 reported as of the beginning of last March.

This was most likely not the real first victim of the epidemic. Just last week, in Juiz de Fora (MG [Minas Gerais]), the dermatologist Carlos Adolfo Pereira, 52, claimed to suspect that a patient of his, a 22-year old homosexual sailor, treated in 1973, may have been an even earlier victim. The case is being investigated, and there should be findings within six months.

Meanwhile, "case one" is still an example, owing to the doubts that it aroused and the clinical efforts mobilized to identify the presence of a virus, HIV [human immuno-deficiency virus], with which Brazilian laboratories would not be equipped to deal for another two years.

The first victim (the family did not know until last Friday that the diagnosis was AIDS, and requested not to be identified by name) was a prototype of the successful Sao Paulo middle-class professional. Employed in advertising photography, he had been working in Alcantara Machado, and had just set up a studio. He was born in Maceio, Alagoas, but when he was brought to Sao Paulo, shortly before his first birthday, he had three sisters and three brothers, and lived with his widowed mother in a two-story house in Tatuape, in the eastern zone. He engaged in swimming and playing soccer. He did not smoke, and drank moderately.

Since 1971 he had attended the Messianic Church, and was considered religious. So much so that, in late 1980, already debilitated, he spent a month in Japan to make a retreat at the world headquarters of his church. Before that trip, at age 25, he had spent vacations in Europe.

His oldest sister recounts some other details: He was not a hemophiliac, and had never had a blood transfusion,

although he was a frequent donor. He did not consume drugs. Relatives were unaware of his amorous adventures.

Upon his return from Japan he began to feel "out of breath." He was treated by two general physicians and a specialist in respiratory diseases. He was eventually confined in the Sao Luis and Higienopolis Hospitals before his stay in the Sao Paulo Hospital during the two weeks preceding his death. He was treated as a carrier of an unknown type of lung infection.

AIDS in Brazil (No. of Cases of the Disease by Sex, Year of Diagnosis, and Ratio of Male/Female Cases, Between 1980 and 1990*)

| Year | No. of Cases | | M/F Ratio |
|-------|--------------|--------|-----------|
| | Male | Female | |
| 1980 | 1 | — | 1/1 |
| 1981 | — | — | — |
| 1982 | 7 | — | 7/1 |
| 1983 | 26 | 1 | 26/1 |
| 1984 | 120 | 1 | 120/1 |
| 1985 | 455 | 15 | 30/1 |
| 1986 | 870 | 50 | 17/1 |
| 1987 | 1,864 | 189 | 10/1 |
| 1988 | 2,864 | 409 | 7/1 |
| 1989 | 3,110 | 378 | 8/1 |
| 1990 | 142 | 8 | 19/1 |
| Total | 9,459 | 1,051 | 9/1 |

* 1989/90: Preliminary data as of 3/3/90

MEXICO

National, State Aspects of AIDS Cases

Infected Blood Cited

90WE0168A *Mexico City EXCELSIOR* in Spanish
18 Mar 90 pp 4-A, 21-A

[Article by correspondent Juan Gerardo Reyes]

[Excerpt] Leon, Guanajuato—Fifteen percent of the country's 3,500 recorded cases of AIDS are due to transfusions of contaminated blood plasma, said Dr Soledad Cordoba, the director of the National Blood Transfusion Center. She also came out in favor of conducting a wide-ranging "consciousness-raising program among the population on the need to receive blood only if it has previously been proved to be safe."

Representing the health secretary, Jesus Kumate Rodriguez, Soledad Cordoba officially inaugurated the Leon branch of the Blood Center of the Mexican Red Cross. The ceremony was attended by the president of the distinguished organization, Jose Barroso Chavez.

Minutes before the ceremony, which was also attended by state authorities, Soledad Cordoba announced that hemotherapy centers would be set up in 31 states. So far they are found in only 18 states of the Republic.

She explained that these centers would standardize the handling of blood, the sale of which is already prohibited by law. They will not undercut the activity of existing blood centers; rather, they will see to it that they comply with the regulations governing their operations.

She began by saying that 15 percent of the AIDS cases in the country are due to contaminated blood, since the appropriate tests are not conducted in a timely fashion. Hence the importance of the hemotherapy centers.

She contended that the state hemotherapy centers would be set up to aid in the analysis of plasma throughout the country and to provide thoroughly tested blood to whoever needs it. The blood that will thus be administered will have been properly tested and found not to contain the AIDS virus or the virus of other diseases such as hepatitis.

She explained that the population still needs to be educated not to accept blood that has not been previously tested and not to donate blood if they belong to a high-risk group or suffer from some contagious disease.

The necessary funds have already been budgeted, and specialists are being trained to run the hemotherapy centers. Appropriate training is necessary because they will have to operate specially designed equipment.

She indicated that these centers are not being set up to displace the transfusion centers that the Red Cross, ISSSTE [Institute of Social Security and Services for Government Workers], or any other institution runs, but rather to make sure that whatever center receives donated blood has appropriate personnel, facilities, and above all equipment. Otherwise, authorization will be given "to no one to receive plasma." [passage omitted]

Red Cross Comment

90WE0168B Mexico City *LA JORNADA* in Spanish
21 Mar 90 p 14

[Article by Salvador Guerrero Chipres]

[Excerpts] The president of the Mexican Red Cross, Jose Barroso Chavez, denied any responsibility in the transmission of the AIDS virus by blood transfusion, saying that "in no way" are any of the cases attributable to the work of the 22 Altruistic Donation Centers that in 1989 took in 32,198 units of the vital fluid. "In the 8 years that we have had the program there has not been a single case. The Health Secretariat authorities no doubt have information that we do not." According to statements by a woman official of the secretariat, 15 percent of AIDS cases are due to transfusions of tainted blood. [passage omitted]

Barroso, an industrialist who owns the La Central match factory and other firms, reported that his organization takes in 20 percent of the blood, and "the virus has in no way been transmitted through the blood that we collect."

Yucatan, Coahuila Statistics

90WE0168C Mexico City *EXCELSIOR* in Spanish
15 Mar 90 STATES section pp 1, 3

[Article by correspondent Atilano Gonzalez]

[Text] Valladolid, Yucatan—The State Hemotherapy Center detected 58 cases of AIDS last year in conducting 400 tests.

The patients are still in the early stages of the disease, the chief of the Coordinated Public Health Services, Miguel Dominguez Reyes, reported today.

He said that only one of the patients contracted the disease from a transfusion, "thanks to the prevention campaigns for this purpose."

The infected individuals do not yet exhibit the symptoms that characterize the syndrome, he added.

Moreover, he remarked that last year the State Hemotherapy Center, located in the city of Merida, processed 1,617 liters of blood from government and private health-care institutions.

The center oversees and monitors all of the establishments that provide health-care services in the state.

The institution was created in 1988, and the one in this city was set up the following year. Moreover, a new branch was opened in Tizimin last 22 February, and two others are scheduled to open soon in the municipalities of Progreso and Picul.

The secretary of health in Coahuila, Raymundo Verduzco Rosan, reported that next Friday an office of Conasida [expansion unknown] would open in Santillo to coordinate the efforts to combat Acquired Immune Deficiency Syndrome.

He also indicated that the disease is on the wane in Coahuila, because whereas there were 50 patients in 1988, in 1989 there were just 30, and so far this year only 4 cases have been detected.

He denied that there are children who have AIDS but he did reveal that a baby was recently born with the virus. Nevertheless, he added that "the consequences cannot be determined until the baby is 5 years old."

Verduzco Rosan commented that his secretariat has proposed amendments to the General Health Law and to the Health Regulations and has called for penalties for those who, knowing that they have the disease, "continue to have sexual relations and thus to infect others."

He urged citizens in general to take every precaution to prevent the spread of this deadly disease.

Tlaxcala Cases

90WE0168D Mexico City *EXCELSIOR* in Spanish
17 Mar 90 STATES section pp 1, 4

[Article by correspondent Jose Ponce Roldan]

[Text] Apizaco, Tlaxcala—Twenty-nine persons have died of AIDS in this state since 1987, the head of the state's Health Secretariat, Carlos Cruz Nava, reported yesterday. Most of the victims, he noted, were migrant workers who lived in the United States for long periods.

The secretariat, he said, has a file on the cases that have been detected. The number of people with AIDS in Tlaxcala has been on the rise since 1987.

According to this information, Cruz Nava stated, two people died of AIDS in 1987. These were the first reported cases of the disease. The next year 11 infected people died, and in 1989 the number rose to 14. So far this year two people have died of AIDS.

Of the 29 deaths, 27 were between 20 and 49 years of age; 1 was an infant that had not reached its first birthday, and one was a 65-year-old man. This means, he explained, that the great majority of the deaths were young people or at least people in their productive years.

The sex of the AIDS victims is also revealed in the statistics furnished by the state Health Secretariat. Twenty were males, and nine were females, he said in conclusion.

21 New Puebla Cases

90WE0168E Mexico City *EXCELSIOR* in Spanish
19 Mar 90 STATES section pp 1, 2

[Article by correspondent Jose I. Tellez]

[Text] Puebla, Puebla—The Epidemiology Department of the Coordinated Health Services in this state has detected 21 cases of AIDS from January to 18 March, its head, Carlos Galindo Rodriguez, reported today.

He indicated that a total of 181 cases have been reported in Puebla, 86 of which have already died.

Seventy percent, he added, are men, and the rest are women, infected mainly through bisexual relations, which have become "a bridge between the two sexes."

He remarked that the patients who contracted AIDS from blood transfusions received the tainted blood before 1986, because a program to monitor blood banks began that year, "fully guaranteeing its safety."

Galindo Rodriguez asserted that all of the patients have received timely medical care, because when the cases are detected, "they are immediately referred to the Information Center to prevent the disease from spreading and are then sent to local hospitals, where they receive treatment."

Most of the infected persons are in this capital; he said, however, that "there are others elsewhere in the state."

He announced that the AIDS information and prevention programs in the state would continue without interruption; a series of lectures is currently under way in Angelopolis secondary schools as part of these programs.

He went on to say that free screening is available to determine whether an individual is in one of the risk groups and to detect the virus before symptoms appear.

108 Coahuila Cases

90WE0168F Mexico City *EXCELSIOR* in Spanish
19 Mar 90 STATES section pp 1, 4

[Article by correspondent Hector Tamez]

[Text] Monclova, Coahuila—The health care authorities in this state, in which 108 AIDS cases have been officially recorded, have done nothing to prevent and combat the disease; evidence of this is the absence of a state council to control the disease, local congresswoman Yolanda Elizondo Maltos said today.

Coahuila, she added, is the state with the sixth highest incidence of AIDS, with a rate of 59.7 per one million inhabitants.

For this reason, she remarked, a state council to prevent the disease ought to be established in order to conduct sex-education campaigns among young people and workers so that they take precautions.

According to her analysis, she indicated, the state has a sexually active population of 905,077, 10 percent of whom are susceptible to contracting the plague of the 20th century.

She commented that last Wednesday she submitted a bill in the State Congress to establish a Coesida [expansion unknown], which would conduct research and, above all, combat the disease through preventive measures.

PANAMA**Health Ministry Reports Increase in Cases of AIDS**

PA2705202090 Panama City *EL PANAMA AMERICA*
in Spanish 20 May 90 p 28-A

[Article by Carlos Vargas]

[Summary] The Health Ministry has reported a slight increase in the incidence of AIDS cases in the country for the first quarter of 1990. There were 20 new cases for that three-month period.

The Health Ministry reports that since 1984, 118 people, or 56 percent of the reported cases, have died of the disease, and there are presently some 196 reported cases, 143 of them being individuals between 20 and 44 years of age. The report states that 67 cases have been attributed to homosexual relations, 13 cases to bisexual contact, and 48 cases to heterosexual contact. It adds that 72 percent of the cases were transmitted sexually, 14 percent resulted from blood transfusions, 13 percent were from unknown causes, and 1 percent had perinatal causes.

ISRAEL

Data of AIDS Victims

TA2005121090 Tel Aviv HADASHOT in Hebrew
20 May 90 p 14

[Report by Gila Razin]

[Excerpt] Today the Israeli Committee Against AIDS is staging a protest demonstration in front of the Prime Minister's Office in Jerusalem to mark the international

memorial day for AIDS victims. This year the memorial day will be marked in 180 cities throughout the world today.

Shlomi Patya [name as published], the committee's spokesman, reported that in the past seven years, 130 AIDS patients have been uncovered; 72 of them have died. An additional 520 carriers of the disease, 15 percent of them women, were found. The total numbers of carriers in Israel is estimated at some 5,000. [passage omitted]

Pokrovskiy Gives Prognosis of AIDS Epidemic in USSR

90WE0067 Moscow *IZVESTIYA* in Russian 05 Dec 89
Morning Edition p 4

[Article by USSR Academy of Medical Sciences President V. Pokrovskiy: "AIDS: The Price of Carelessness"; first paragraph is source introduction]

[Text] The AIDS epidemic is becoming more widespread. Every month approximately 6,000 new cases are reported throughout the world, and every month there is yet another country in which cases of the clinically manifested disease are detected.

As of November 27 of this year, 410 Soviet citizens have been diagnosed as being infected with AIDS. Of that number, 16 are ill and 11 have died.

At the present time, physicians are avoiding the term "AIDS" for a number of reasons. The primary reason is that acquired immune deficiency syndrome can be caused not only by a virus, but also by other factors: radiation, certain drugs, and poisons. The term "HIV infection" allows us to include all infected persons, regardless of their health at the time of their examination, and clearly establishes that it is an infectious disease caused by the human immunodeficiency virus.

The greatest number of sexually transmitted HIV infections is noted in the major cities—primarily Moscow, Leningrad, and Odessa. Among the infected persons are children (the tragedies of Elista and Volgograd), married women, and persons having casual sexual relations, and persons having sexual relations for the first time. We can now confirm that there is no population group for which the possibility of infection can be completely excluded.

HIV infection is a special disease. It threatens the existence of the human race itself as a biological species. The disease is fatal and, 50 percent of the time, is transmitted from an infected mother to her child during pregnancy, childbirth, or sometimes even breast-feeding. If we are not successful soon in finding effective means and methods for its prevention, then all mankind will be faced with the real threat of extinction.

Mathematical calculations of the HIV-infection epidemic in the USSR allow us to expect that in the year 2000 we will have more than 30,000 persons seriously ill from the disease and 1-1.5 million persons infected with the virus.

The disease primarily affects persons of reproductive age and in their most physically productive years. The disease has a long course and results in physical disability within a few years. This poses threats of destructive consequences both in the economic and demographic terms. Enormous amounts of money will go into medical and social assistance for such patients (the cost of treating one patient in the USA is \$30,000-56,000 a year).

Because of the later onset of the epidemic in our country, we have the fortunate opportunity to retard the disease's development to some degree and prevent it from reaching catastrophic proportions.

In analyzing the status of the problem in the Soviet Union, we must regretfully admit that we have not yet come out of hibernation.

Many of the decisions that have already been adopted have not yet been implemented. Suffice it to mention the widely publicized problem involving the production of disposable medical instruments, condoms, and reliable diagnostic tests. The USSR Council of Ministers adopted a number of decisions to build specialized laboratories. Not one of those decisions has been executed. The extreme shortage of work space prevents us from fully expanding scientific research in a way that guarantees the safety of physicians, experimenters, and service personnel.

Today's miserly financing of the program, particularly in foreign currency, will result in lost billions in a few years.

For the current year, the State Committee on Science and Technology has allotted only 10 million rubles for the AIDS research program, in which 32 topics pursued by 60 scientific institutions were recommended for financing. This does not compare favorably with level of appropriations being made in the leading countries of the world (approximately \$1.6 billion in governmental allocations alone in the USA). The recently organized association for the control of AIDS has been experiencing great financial difficulties. For your information, the association's account numbers are No. 700470 in the USSR Housing and Social Bank [Zhilsotsbank] and No. 70800005 In the USSR Foreign Economy Bank [Vneshekonombank].

The scientific-research institutes of the Academy of Medical Sciences and the USSR Ministry of Health do not have the appropriate experimental-production base, a fact that deprives scientists of the opportunity to bring their research projects to production level. In addition, successfully developed projects are rendered useless by the low level of production technology and the shortage of highly skilled production personnel. Consequently, the manufacture of one diagnostic system has been halted because of gross violations of manufacturing technology. Another system is being criticized for uneven quality. All of the virus cultures used in the USSR for research are inferior to foreign cultures with respect to productivity. The latter is due not only to the fact that a small number of HIV strains have been isolated for justifiable reasons, but also to the fact that we do not have domestically produced non-toxic ingredients for those media.

Commissions of the USSR Supreme Soviet are currently examining the law "On Measures for the Prevention of AIDS," which contains a number of new statutes aimed at protecting the population against the spread of HIV and protecting the rights of infected persons. The law

makes clear the obligation of medical personnel and other employees to keep information about AIDS testing and the results of such tests confidential. The draft law secures the right of infected persons to medical and social assistance and guarantees the inviolability of the individual. More than 600 laboratories have been set up in the country that check donor blood and the blood of those persons whom physicians have classified as members of the risk groups. More than 40 million blood samples have been tested. A system has been worked out for epidemiological inspection, and its effectiveness has been proven in practice.

Approximately 20,000 persons were examined in Elista after the hospital outbreak of the infection. While shuddering at our medical ineptitude, one must state that violations of procedures involving the injection of drugs have also taken place at a number of other medical institutions, as a result of which intrahospital HIV infections have originated in them, too. And this occurred even after the tragedy at Elista was widely reported in the press! I am convinced that this route of infection has occurred in other countries as well. The proposed law "On Measures for the Prevention of AIDS" must not fail to include a provision for the liability to criminal prosecution on the part of medical personnel who cause HIV infections through negligence and carelessness.

There is, unfortunately, little hope at the moment that preventive vaccines or miracle drugs that would cure AIDS will be developed in the near future. The leading scientists throughout the world do not believe that a vaccine will be produced in this century.

AIDS researchers at a number of institutes of the Academy of Sciences, the Academy of Medical Sciences, the USSR Ministry of Health, and the country's VUZes have begun research to synthesize anti-AIDS drugs. A group of new, highly active compounds that were found in our country and which have no analogs elsewhere in the world are now being patented abroad. Four laboratory methods have been developed to synthesize azidothymidine, the only drug in the world approved for the treatment of AIDS. However, it is not being produced in sufficient quantities for the treatment of the ever-increasing number of infected persons.

In the absence of a vaccine, the only way to keep the epidemic of HIV infection in check is by changing people's sexual behavior, but this is extraordinarily difficult. Experience abroad has shown that wide dissemination of information on the routes of transmission of the infection and on who its victims are increases the public's knowledge of the subject, as a rule, but does not significantly alter behavior. The most important task at hand is to devise methods of health education aimed at specific social, ethnic, and age groups in the population. That education must include information about type of sexual behavior and attitudes toward these problems in specific age groups. Any effective method is good. Sanctionism and puritanism are out of place in the

struggle to save human lives. And those attitudes are still strong in our country, where all such topics have been "taboo" for many decades.

The social protection of HIV-infected persons and the legal safeguards in the struggle against the infection warrant special attention. Currently in effect in the USSR is the August 25, 1987, ukase of the USSR Supreme Soviet, "On Measures for the Prevention of AIDS Virus Infection," which sets a punishment of up to five years in prison for any person who knowingly exposes another person to the danger of AIDS infection and a punishment of up to eight years for an AIDS virus carrier who knowingly infects another person. That ukaze, to a considerable extent, is in conflict with Article 222 of the RSFSR Criminal Code, "Violation of Regulations Established for the Control of Epidemics." Still unresolved are problems related to the compensation for material losses suffered by persons who become ill as a result of having been infected at a medical institution. No liability to criminal prosecution has been established for infection as a result of blood transfusions. There is nothing about the prosecution under criminal law of persons who violate medical confidentiality or who refuse to render assistance to HIV-infected persons or persons who show symptoms. In addition, the USSR has a number of legal features that can adversely affect the development of the epidemic: liability to criminal prosecution for homosexuality and the imprecise definition of "prostitution."

Persons who are infected with the HIV virus are frequently subject to discrimination, persecution, and threats of physical violence.

At the present time, the country has 10 commissions and committees that have been entrusted with the task of coordinating research on AIDS and preventing its spread. But as we all know, too many cooks spoil the broth.

AIDS is a state problem. It must be dealt with by a governmental body that has broad authority. Besides including specialists, it should include supervisors of those departments the fruits of whose inactivity we are now reaping. That body should be headed by one of the deputies of the chairman of the USSR Council of Ministers. And now is the time to take emergency, extraordinary measures.

First Ever AIDS Conference Opens in Leningrad

Current Incidences, Forecast Given

LD2905102690 Moscow TASS International Service in Russian 1641 GMT 28 May 90

[By TASS Correspondent Nikolay Krupenik]

[Summary] Leningrad—A conference on countering AIDS, organized by the USSR Ministry of Health and the Pasteur Institute of Epidemiology and Microbiology in Leningrad, opened here today. It was opened by

Professor Mikhail Narkevich, head of the Main Epidemiological, Directorate, who recalled that the first AIDS case was registered three years ago. The number of cases now stands at 317, and forecasts indicate that, if the current trend continues, the figure by the year 2000 could be over 1 million.

There are some 800 specialized laboratories in the country at present, with plans for a further 2,000. In recent years 50 million people, half of them regular blood donors, have been screened. As of 1989, a unified anti-AIDS service has been in existence, with republican and regional screening centers. The conference will also consider the psychological, ethical, juridical, and social aspects of AIDS, and ways of educating the population about it.

Appeal for National Program

*LD0106132790 Moscow Domestic Service in Russian
1800 GMT 31 Jun 90*

[Summary] "An all-union scientific and practical conference on the state and prospects of the improvement of the prevention and combatting of AIDS in the USSR has ended in Leningrad. Our correspondent Matvey Frolov asked the head of the department of highly dangerous infections of the city public health and epidemiological station, Galina Vladimirovna Volkova, about its results."

[Begin Volkova recording] This was the first such conference in the USSR. The health ministries of all the union republics were represented, plus regional AIDS centers. Work over the past three years was reviewed, with "depressing results". Infection in hospitals is higher in the USSR than anywhere else in the world, and half the victims are children. Poor equipment or poor training of middle and junior staff are to blame. Sterilization equipment is scarce. Information on prevention is not being read because it is boringly presented. It's everyone's problem. The conference adopted an appeal to the government and one to the people called for a national program to combat AIDS before it is too late. [end recording]

AIDS Infection Suspected in Moldavia

90WE0066B Kishinev SOVETSKAYA MOLDAVIYA in Russian 20 Oct 89 p 3

[Article by ATEM correspondent O. Grabovskiy: "AIDS in Moldavia?"]

[Text] The population of Bendery is agitated by the report that AIDS has been found in a 7-year-old boy, D. The Moldavian SSR first deputy minister of health, N. I. Dolgiy, comments on this fact:

Dolgiy: In fact, in the first ten days of this month, during a battery of diagnostic tests, the disease was suspected in the boy. The Moldavian Ministry of Health moved fast to create a special integrated team from among the leading specialists and the republic center created to

fight AIDS. The team has begun conducting a multifaceted, in-depth epidemiological investigation, plus a laboratory study and analysis.

SOVETSKAYA MOLDAVIYA: What are the first steps taken by this team?

Dolgiy: It has thoroughly analyzed the situation, calculated prospects for the future, and has developed and is implementing a concrete plan of measures. In particular, possible contacts are being turned up for D. in his everyday life, and also in the health care establishments where he has undergone treatment. This work is also being carried out with respect to his relatives. Samples are being sent to the All-Union Center for the Prevention and Control of Fight AIDS. Moscow specialists in this field have been invited to Moldavia.

SOVETSKAYA MOLDAVIYA: The results of the measures being taken, perhaps, are causing concern and uneasiness for many people?...

Dolgiy: Nothing is worse than ignorance. We are trying to report the results of our work as quickly as possible, to get the information to broad segments of the public.

Hematology Center Director Denies Export of Whole Blood

*90WE0066A Moscow IZVESTIYA in Russian
28 Nov 89 Morning Edition p 3*

[Article by F. Ivanov under rubric "Rumors and Facts": "Not Subject to Export"; first two paragraphs are source introduction]

[Text] Recently reports have appeared in the mass media that our country has begun exporting donor blood.

An IZVESTIYA correspondent asked A. Vorobyev, academician of the USSR Academy of Medical Sciences and director of the All-Union Hematological Scientific Center, to comment on these reports.

Vorobyev: I'll tell you frankly, these "revelations," which were heard, in particular, on the Leningrad television program "600 Seconds," deeply offended me as a representative of medicine. I can state with complete authority that we never have traded and never will trade in donor blood.

IZVESTIYA: Then what is the basis for these reports?

Vorobyev: The fact is that, except in rare cases, doctors throughout the world have stopped transfusing whole blood in recent years. As a rule, a patient needs only individual components of it: plasma, erythrocytes, thrombocytes. But scientists are going even further. They have discovered that plasma can also be separated into components and that these can be used for various diseases. It has become possible to be rid of certain viruses which, before, could be transferred from the

donor to the patient during transfusion. This is especially important now, with the threat of an AIDS epidemic.

Extremely precise chemical technologies which make it possible to separate plasma into components are being developed in many countries. But these discoveries are being kept very secret, and today not a single firm can boast that it has the capacity to obtain all the components of plasma. That is why a broad exchange and trade in components is already in place in the world. Unfortunately, until recently we were excluded from this collaboration. But many categories of our patients are suffering as a result of that—above all, hemophiliacs, whose lives are in danger.

Recently, several of our regional institutes started negotiations concerning international exchange of blood products. That is what served as the basis for reports about the "blood trade." But the matter has not proceeded beyond talking. Based on USSR Ministry of Health prohibitions, customs does not permit the export of blood components.

We recently appealed to the Ministry to remove this ban. We hope that the issue will be resolved, and then we will have a real possibility of obtaining these so very necessary components. Currently we are conducting negotiations with a French firm, and we hope to create a joint enterprise for plasma processing.

CANADA

AIDS National Strategy 'Long Overdue' says TORONTO STAR

54200037A Toronto *THE TORONTO STAR* in English
30 Mar 90 A28

[Editorial: "Canada Lags Badly in the AIDS Fight"]

[Text] The fact that Canada continues to muddle along without a coherent strategy to combat AIDS is a national disgrace.

The first case of AIDS was reported here more than 10 years ago. Since then, 3,604 Canadians, including 51 children, have contracted the fatal disease. As of this week, 2,169 had died.

In two years, the numbers have doubled. But they represent only the tip of the iceberg. It's estimated that as many as 50,000 Canadians have the HIV virus which leads to AIDS.

But still there is no national strategy to combat the disease, despite the estimate by the prestigious Royal Society of Canada that it takes \$100,000 in direct medical costs to treat each AIDS patient.

In 1986, Ottawa committed \$39 million to fight AIDS. Two years later, it added another \$129 million to be spent over five years, but in small amounts each succeeding year. In 1988, the Royal Society recommended \$115 million be spent every year to combat the epidemic.

Ottawa plans to invest in research, public education and community projects, but it doesn't say how, where the money has been allocated, or, indeed, how it's being spent.

As the Canadian AIDS Society recently told MPs: "We don't know what the priorities are. We don't know what plans are in the works. We don't see any master plan. We don't see any co-ordination between federal departments or even within departments."

Health Minister Perrin Beatty promises the long-delayed announcement likely before the end of June. But the word is that Ottawa and the provinces are no closer to reaching agreement on this issue than on any other.

As a result, all that can be expected is less than is needed. And that is more, not less funding, as the number of people with AIDS grows.

Certainly more should go to prevention and education, and to community AIDS organizations that have done more than the provinces and Ottawa combined. As delays and lame excuses, a national strategy is long overdue. It had better be a good one.

International AIDS Conference Surplus Funds Allocated

54200041 Ottawa *THE OTTAWA CITIZEN* in English
14 Mar 90 p B3

[Text] An Ottawa-based group will be getting almost a quarter of the \$684,000 surplus from an international AIDS conference held last June.

The Canadian AIDS Society, a lobby group representing 40 organizations from across Canada, will get \$167,000.

Society executive director Richard Buizynski said the group has not decided how to spend the money, but it may use the funds to send AIDS victims and community representatives to conferences.

Another \$250,000 will go to AIDS research in developing countries and \$67,000 will be used to boost young Canadian AIDS researchers. The rest of the surplus will be spent on travel assistance for Third World delegates to future conferences.

The AIDS conference was organized by the International Development Research Centre and attracted 12,000 participants to Montreal last June.

The conference's executive director, Claude Paul Boivin, said the surplus was a surprise.

Organizers pared down the conference budget and only expected to break even when delegates were slow to sign up.

But about 1,000 delegates registered at the last minute, and their registration fees helped to create a surplus, said Boivin.

AIDS Antibody Positive Tests in BC Reach 3,500

54200044 Vancouver *THE SUN* in English
19 Apr 90 p B4

[Text] Victoria—More than 3,500 people have tested positive for the AIDS antibody over the past four years, the B.C. Centre for Disease Control said Wednesday.

The centre tested more than 102,000 people considered to be in the high-risk category for acquired immune deficiency syndrome from September 1985 to December 1989.

Of those who tested positive, 2,600 were homosexuals or bisexuals, 79 were intravenous drug users and 55 were hemophiliacs.

Another 136 people were heterosexuals and 12 were prostitutes.

More than 590 people tested were not in a specified risk category.

The statistics also show there were 97 positive tests on people under 20 years of age while 156 women had the AIDS antibody.

AIDS Testing in Ontario Confidential

54200042 Toronto *THE TORONTO STAR* in English
17 Apr 90 pp A1, A22

[Article by Kelly Toughill]

[Excerpts] Ontario Health Minister Elinor Caplan has reversed a controversial AIDS policy and approved a plan to let people get tested for the AIDS virus without revealing their names.

AIDS activists lauded the move, saying that anonymous testing will encourage people to come forward and find out if they are infected.

The plan approved by Caplan calls for a study of limited anonymous testing in selected sites around Ontario.

Under the current law, public health officials can demand the name of anyone who tests positive for the AIDS virus in Ontario. The law was designed to stop the spread of communicable diseases by helping public health officials track down anyone who might have been exposed to such an infection.

But supporters of anonymous testing said the law didn't work.

Not only did public health officials rarely track down those who were exposed, they charged, the law discouraged many people from getting tested for fear their names might be made public.

That, in turn, prevented them from getting early treatment for the infection, something that is believed to be crucial to long-term survival with the disease.

"It's a difficult issue, with strongly held opinions on both sides," said Marnie Paikin, head of the Ontario AIDS Advisory Committee.

Paikin's committee recommended to Caplan in February that the province approve a study of limited anonymous testing.

Caplan wrote to Paikin earlier this month pledging to follow the committee's advice and to "move expeditiously to establish the anonymous testing protocols and test sites."

Paikin said she doesn't know how long it will take to set up the clinics for anonymous testing, how many there will be or how long the study will run.

Caplan couldn't be reached for comment.

More than 1,500 people in Ontario have been diagnosed with fully developed AIDS, but no one knows how many are infected with the virus that causes the disease.

In the City of Toronto alone, more than 4,000 people are known to be carrying the virus.

DENMARK

AIDS Spreading Faster Among Women

Change From Earlier Pattern

90WE0169A Copenhagen *INFORMATION* in Danish
28 Mar 90 p 2

[Article from Ritzau Bureau: "More Women Get AIDS"]

[Text] The AIDS disease broke away from its familiar pattern in 1989. Far more women were found to have the disease, as the percentage of drug abusers with AIDS rose, while homosexuals and bisexuals comprised a lower percentage, according to the State Serum Institute's newsletter, Epi-Nyt.

In 1989, a total of 168 new cases of AIDS were discovered, raising the total number of AIDS cases in Denmark to 533. Whereas there was only one woman with AIDS for every 20 men with the disease during the period from 1980-88, the ratio changed drastically in 1989 to one woman for every 11 men.

Some 70 percent of the AIDS patients are found in greater Copenhagen.

Transmission of AIDS from Mother to Child

90WE0169B Copenhagen *BERLINGSKE SONDAG* in
Danish 4 Feb 90 p 20

[Article by Henning Ziebe: "Only Few Danish Babies Born With AIDS Virus"]

[Text] Danish researchers are trying to determine why "only" 40 percent of those women who are HIV-positive pass on the virus to their children. A better understanding of this could help to decrease the risk of transmission of the AIDS virus from mother to child.

Fortunately, there are presently very few children here in Denmark who have been born with HIV and, consequently, the still fatal disease. It is known that some mothers have terminated their pregnancies if they are HIV-positive. Even though only 40 percent of the children will get AIDS, many mothers dare not run the risk by completing their pregnancy.

In Arhus, Chief Physician Peter Ebbesen, M.D. is studying the mechanism of transmission from the placenta to the fetus, and many of the ways in which the disease can be transmitted have already been determined.

Ebbesen complains that media interest in AIDS has decreased greatly, even though more and more people are getting the disease. This complaint was voiced in

connection with the presentation yesterday of a new video about AIDS by the National Association Against AIDS yesterday. This association works together with Denmark's Student Organization, the HK's [Retail and Clerical Worker's Union] Youth Divisions, and the Business School Students of Denmark to provide information about AIDS, and the new video is only one of the tools used to tell young people about the risk of AIDS. Not only the risk among homosexuals and drug abusers, but also the risk to all other young people, according to script writer and educator Jytte Bjerring.

The Chairman of the National Association Against AIDS, Erik Mads Lihme, added that the video has received support from numerous professional organizations, housewife organizations, etc., and that they intend to distribute it via professional organizations, youth organizations and the State Film Center, which was invited to yesterday's presentation at the HK's local headquarters in Copenhagen.

NORWAY

100 Dead From AIDS Virus

90WE0197A Oslo AFTENPOSTEN in Norwegian
11 May 90 p 4

[Article by NTB [Norwegian Wire Service]: "100 People Dead from AIDS in Norway"]

[Text] According to the latest figures from the National Institute of Health (SIFF), 100 people have died from AIDS in Norway so far. Since the beginning of this year, six people have died from AIDS.

According to senior physician Arve Lystad at SIFF, HIV infection is somewhat under control in Norway today. However, each month about 10 new HIV-positive people are identified.

Since registration began, a total of 917 HIV-positive persons were reported to SIFF. Of these, 154 have come down with AIDS. A survey by SIFF shows that all AIDS patients who were diagnosed in 1985 or earlier are dead today.